

replaced. The incarceration had lasted for a varying period; in the first and second cases twenty-four hours, the intestine being reddish-blue, smooth and shining; in the third incarceration had lasted seventy-two hours, the fluid being clouded and serous and the intestine bluish-black. It was allowed to lie outside the abdomen for ninety-six hours, after which it was replaced. The fourth, an umbilical hernia eight centimetres in length, was incarcerated twenty-six hours: the fluid was profuse, of a brownish-red color and stinking; a portion of the colon was included in the hernia, and was of a dark greenish color, but the serous coat everywhere shiny. In the fifth case the incarceration had lasted for forty-eight hours; in the sac were two spoonfuls of dark, brownish liquid, while the gut was bluish-red and shining. The writer has also examined the liquid of two cases of hernia of ancient date, where the sac did not communicate with the peritonæum. In one the culture was sterile, while in the other, where the sac contained several cysts, in one of them a pus-like liquid, revealing microscopically numerous pus cells and staphylococci, was discovered. Cultivation developed the *staphylococcus aureus*. Here the infection was presumably of ancient date, as about fourteen years before, during an incarceration, the patient's hernia had been manipulated daily for several weeks before reposition was successful.—*Hospitals-Tidende*, R. 3, Bd., 10, S. 489.

**V. Operative Treatment of Prolapsus Ani et Recti.** By JOHN BERG (Stockholm, Sweden). The author, in a paper read before the Swedish Medical Society, points out the uncertain results of the methods of operation, up to the present in vogue, in the surgical treatment of this affection. He mentions three severe cases of prolap-  
se of the rectum where he operated by an abdominal incision, as in iliac colotomy, reducing the prolapse by drawing up the sigmoid flexure and the upper portion of the rectum, with subsequent fastening of the gut in this position by silk sutures, placed through the whole thickness of the meso-rectum and the parietal peritonæum. He operated as Jeannel and Verneuil had done before him, though

unknown to him at the time. The paper was followed by a discussion, in which Dr. Josephson described the method by which Thure Brandt treats rectal prolapse. Though he has had no personal experience with it, he communicated a severe case which was successfully treated by Dr. Krumpf, of Vienna, one of Brandt's followers. Dr. Lindblom reported a successful case treated by this method. Dr. E. Peterson, on the contrary, has not observed a single case where success could be said to have been attained, though it was tried in several. The writer, with regard to this latter method, stated that he could not see how one could expect to grasp the intestine sufficiently through the abdominal walls, and exert strength enough to raise the gut from the pelvis. This he has found very difficult, even with his hand in the pelvis itself.—*Hygeia*, 1892.

FRANK H. PRITCHARD (Norwalk, Ohio).

**VI. Thirty-eight Cases of Excision of the Rectum for Cancer.** By J. HARRISON CRIPPS, F.R.C.S. (London). Of upwards of 400 cases of rectal cancer examined by the author in fifteen years, in about one-half any operative treatment was advised against. Of the remainder 114 were operated upon, 38 by excision and 76 by colotomy. Of the 38 cases of excision 3 died from the operation, 35 recovered.

#### SUBSEQUENT HISTORY OF CASES THAT RECOVERED.

- 7 No reliable subsequent history.
- 10 Recurrence within one year.
- 5 Recurrence between first and third year.
- 1 Died a year later without recurrence.
- 1 No recurrence after eighteen months.